

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/516495** FILING DATE **Winston Alvarez**  
APPLICANT(S) **National Stage Processing**  
PROJECT SPECIALIST **(703) 305-6421**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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